

EXHIBIT 8

TENNESSEE DEPARTMENT OF
CORRECTION

LETHAL INJECTION
EXECUTION PROTOCOL

COMMISSIONER'S STATEMENT

The Tennessee Department of Correction ("the Department") is responsible for the incarceration of convicted felons serving sentences ranging from one year to death. Inmates sentenced to death are executed at Riverbend Maximum Security Institution ("RMSI").

As Commissioner of the Department, it is my duty to oversee the humane and constitutional execution of inmates sentenced to death in Tennessee. Tennessee law establishes lethal injection as the primary method for carrying out a death sentence and authorizes the Department to promulgate rules and regulations to facilitate executions by lethal injection. This Protocol will be reviewed as needed by me and/or my designee(s).



Commissioner

1-8-2025
Date

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I. INTRODUCTION

This Protocol summarizes the most significant events, Department procedures, and personnel responsibilities for carrying out the Tennessee Supreme Court's orders on executions by lethal injection. It will be used to ensure the humane and constitutional execution of inmates sentenced to death in Tennessee. There will be no deviation from this Protocol except by order of the Commissioner, when deemed necessary to effectuate the purpose of this Protocol.

II. PRIMARY RESPONSIBILITIES OF DEPARTMENT AND NON-DEPARTMENT PERSONNEL

CENTRAL OFFICE PERSONNEL

COMMISSIONER

The Commissioner is responsible for overseeing the administration of humane and constitutional executions in Tennessee.

[REDACTED]

[REDACTED] is responsible for the planning and overall direction of all pre-execution, execution, and post-execution activities.

[REDACTED]

[REDACTED] is responsible for notifying the inmate and the inmate's counsel of the execution date, obtaining a completed Affidavit for Method of Execution from the inmate, and serving as custodian of the Department's records related to executions in Tennessee.

PERSONNEL AT RMSI

WARDEN

The Warden is responsible for carrying out the directives of the Assistant Commissioner of Prison Operations to ensure that this Protocol is followed.

SPECIAL OPERATIONS TEAM

The Special Operations Team is responsible for preparing the lethal injection chemicals ("LIC") for administration.

RESTRAINT TEAM

The Restraint Team is responsible for inmate management immediately before, during, and after the execution, including the use of appropriate restraint procedures.

ESCORT TEAM

The Escort Team is responsible for coordinating the movement of all pre-approved witnesses.

[REDACTED]

[REDACTED]

[REDACTED]

NON-DEPARTMENT PERSONNEL

IV TEAM

The IV Team is responsible for establishing properly functioning IV lines for administration of the LIC.

PHYSICIAN

The Physician is responsible for determining that the inmate is deceased using accepted medical standards and establishing central line IV access if necessary.

CLERGY

Clergy, [REDACTED], may be approved in accordance with state law and Department policy to deliver chaplaincy services to the inmate and the inmate's family as requested.

III. COMPOSITION, SELECTION, AND TRAINING OF DEPARTMENT AND NON-DEPARTMENT PERSONNEL

COMPOSITION AND SELECTION OF THE EXECUTION TEAM

The Execution Team includes the following individuals and teams:

1. [REDACTED]
2. RMSI Warden.
3. Special Operations Team: consists of a team leader, two members and one alternate member. The team leader and members are selected by [REDACTED] with documented approval of the Commissioner.
4. Restraint Team: consists of a team leader, five other members, and two more alternate members. The team leader, members and alternate members are selected by [REDACTED] with documented approval by the Commissioner.
5. Escort Team: consists of a team leader and at least six other team members. The team leader and members are selected by the Warden.

SELECTION CRITERIA FOR MEMBERS OF THE EXECUTION TEAM

Members of the Execution Team are selected based on factors that include:

1. Length of service with the Department;
2. Job performance;
3. Professionalism;
4. Review of the individual's personnel file;
5. Staff recommendations;
6. Ability to maintain confidentiality;
7. Willingness to participate;
8. Any other relevant or specialized training related to the position.

SELECTION OF SPECIALLY TRAINED NON-DEPARTMENT PERSONNEL

Non-department personnel are selected for roles in the execution as follows:

1. IV Team: consists of at least two members who are either physicians, physician assistants, nurses, emergency medical technicians ("EMTs"), paramedics, military corpsman with relevant medical training, or other certified or licensed personnel including those trained in the United States Military. All team members are currently certified, licensed and/or qualified within the United States to place IV lines. IV Team members are selected by the Commissioner.
2. The Physician is selected by the Commissioner.

SELECTION CRITERIA FOR SPECIALLY TRAINED NON-DEPARTMENT PERSONNEL

Specially trained, non-department personnel are selected based on factors that include:

1. Education, training, and experience;
2. Professionalism;
3. Personal and professional recommendations;
4. Ability to maintain confidentiality;
5. Willingness to participate;
6. Any other relevant or specialized training related to the position.

PROTOCOL REVIEW, PRACTICE SESSIONS, AND SPECIALIZED TRAINING FOR EXECUTION TEAM MEMBERS

Review of the Lethal Injection Execution Protocol

1. After selection, the Execution Team, the IV Team, and the Physician must review this Protocol. This review is documented.
2. At least annually, the Warden or designee reviews the Protocol in its entirety with the Execution Team. This review is documented.

Monthly Practice Sessions

[REDACTED] ensures that monthly practice sessions are conducted. Practice sessions are attended by the Warden, the Special Operations Team, the Restraint Team, and the Escort Team. These regular practice sessions include simulations of all steps of the execution process beginning 2 hours before the execution, with the following exceptions:

1. Volunteers play the role of the inmate and the Physician.
2. No IV is inserted into the person playing the role of the inmate.
3. Saline solution is substituted for the LIC.
4. A body is not placed in a body bag.

Additional Pre-Execution Practice Sessions

Additional practice sessions are held at least twice weekly starting two weeks before a scheduled execution. Attendance of all practice sessions during this period is required absent illness or other unavoidable circumstances.

Documentation of Practice Sessions

All practice sessions are documented with the date and time, as well as the printed names and signatures of all participants.

Specialized Training for Department Personnel

Members of the Special Operations Team receive training in vascular access/IV therapy by a qualified third party. Updated training is conducted annually.

CHEMICALS USED IN LETHAL INJECTION

The Department uses the following LIC for executions by lethal injection:

Pentobarbital 100 ml of a 50 mg/ml solution (a total of 5 grams)

The Department will procure a sufficient supply of LIC to be used in lethal-injection executions. The LIC is subject to quality assurance and quality control testing. The Department will follow recommended guidelines for safe transportation and storage of LIC.

LIC will be secured [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] and RMSI Warden will conduct a semi-annual inventory of the container to verify its contents and the expiration dates of LIC. An additional inventory will be conducted 30 days before a scheduled execution. All inventories will be conducted by a minimum of two persons and documented in the log. If an inventory reveals expired LIC, appropriate disposal will occur.

[REDACTED]

IV. PROCEDURES BEGINNING 30 DAYS BEFORE EXECUTION

30 Days before the Day of Execution

I. Central Office Personnel

A. [REDACTED]

1. Reviews documentation of training.
2. Confirms team leaders and members with documented approval by the Commissioner.
3. Sets pre-execution practice schedule.
4. Confirms that equipment inventory is completed and that any needed maintenance occurs.
5. Verifies and documents with the Warden the LIC to be used, including its quantity and expiration date.

B. Communications: Issues a news advisory about the date and time of the execution.

C. Office of Victim Services: Identifies family members of the victim(s) of the crime(s) for which the inmate was sentenced to death and advises them of the scheduled date and time of the execution.

II. RMSI or Debra Johnson Rehabilitation Center (“DJRC”) Personnel

Warden:

1. Collects the Affidavit For Method of Execution from the inmate (if applicable) and provides copies to the Commissioner and [REDACTED] (See Appendix, p. 25).
2. Provides to the inmate the Affidavit to Select Defense Counsel Witness to Execution and Affidavit to Select Member of Clergy Preparing Inmate for Death. (See Appendix, p. 26).
3. RMSI Warden verifies and documents with the [REDACTED] the LIC to be used, including the quantity and expiration date.

4. RMSI Warden confirms that equipment inventory is completed and that any needed maintenance occurs.
5. Notifies the inmate about changes to the conditions of confinement over the next 30 days.

21 Days before the Execution

Central Office Personnel

Communications:

1. Receives media-witness applications, initiates background investigations on the applications, and advises the Commissioner of any issues arising from the investigations.
2. Sends witness agreement forms (Official Witness Agreement Form, Official Witness/Pool Reporter Agreement Form) to selected witnesses and establishes a deadline to return all completed forms.

14 Days before the Execution

I. Central Office Personnel

A. [REDACTED]

1. Directs the initiation of the Continuous Observation Logs, which record all daily activities of the inmate beginning 14 days before the execution. The logs are maintained at each post where the inmate is located until the execution occurs or a stay of execution is issued.
2. Directs the initiation of the final practice schedule.

B. [REDACTED]

Finalizes a list of all witnesses and prepares written invitations.

II. RMSI or DJRC Personnel

Warden:

1. Confirms receipt of Affidavit to Select Defense Counsel Witness to the Execution and Affidavit to Select Member of Clergy Preparing Inmate for Death.
2. Directs the transfer of the inmate to a cell for enhanced monitoring.
3. RMSI Warden finalizes arrangements with the [REDACTED] [REDACTED] for disposition of the inmate's body.
4. RMSI Warden confirms maintenance staff are scheduled to be at RMSI at least 4 hours before the scheduled execution.

48 Hours before the Execution

I. Central Office Personnel

[REDACTED]

1. Confirms adequate staffing and vehicles are in place for regular operations and the execution.
2. Ensures that each room in the Capital Punishment Unit receives final inspection specific to its functions. The Capital Punishment Unit includes, but is not limited to, the inmate's cell, contact and non-contact visitation areas, the control room, the secure monitoring area, execution chamber, and lethal injection room.
3. Oversees transfer of female inmate from DJRC to RMSI, if applicable.

II. RMSI Personnel

Warden:

1. Verifies inventory and functionality of equipment in the Capital Punishment Unit.
2. Oversees the transfer of the inmate to a cell in the Capital Punishment Unit.

12 Hours before the Execution

RMSI Personnel

Warden:

1. Ensures that access to RMSI during the 12 hours before the execution is limited to:
 - a. On-duty Department personnel;
 - b. On-duty contract workers;
 - c. Volunteers deemed necessary by the Warden;
 - d. Approved delivery vehicles;
 - e. Law enforcement personnel on business-related matters;
 - f. Approved witnesses (i.e. defense counsel, clergy, Attorney General's designee).
2. Initiates lockdown of RMSI that will continue through the duration of the execution.
3. Ensures the inmate concludes the last meal by 12:00 a.m. the night before the execution and that all eating utensils and leftover food are removed from the cell.
4. Ensures non-contact visits and phone calls—excluding visits and calls from the inmate's attorney of record—are concluded 12 hours before the scheduled execution unless expressly approved by the [REDACTED]
[REDACTED]

Day of Execution

8:00 a.m.

A. Commissioner or designee:

Provides a brief overview of the execution for the official witnesses.

B. Special Operations Team:

1. Team Leader retrieves LIC with the Warden and/or [REDACTED]
[REDACTED]
2. Confirms that the phones in the execution chamber are operational.
3. Confirms that the camera used to monitor the IV site is operational.
4. Team Leader prepares the syringes of saline and Pentobarbital which shall be labeled as follows:

CHEMICAL CHART	
Syringe	Label
1A	50 ml Sterile Saline Solution, BLACK
2A	50ml (50mg/ml solution) Pentobarbital, GREEN
3A	50ml (50mg/ml solution) Pentobarbital, GREEN
4A	50 ml Sterile Saline Solution, BLACK

Preparation of syringes occurs in the Lethal Injection Room.

- a. One complete primary set ("Set A") of syringes is prepared and administered in carrying out the death sentence and an additional amount of LIC is available in the Lethal Injection Room for a backup set (Set "B"). Set B is only prepared if the inmate is not deceased after administration of Set A, applicable waiting period, and examination by the Physician.
 - b. The syringes are labeled, identifying the chemical contained in each syringe by (i) assigned number, (ii) chemical name, (iii) chemical amount and (iv) the designated color, as set forth in the chemical chart above. This information is preprinted on a label, with one label affixed to each syringe to ensure the label remains visible.
 - c. Once prepared, each syringe is placed into a designated tray in the order in which they are to be administered. The preparation of syringes is documented by a designated member of the Special Operations Team on the Chemical Preparation Time Sheet. (See Appendix p. 27).
5. After the Special Operations Team prepares the primary-Set A

syringes, the Special Operations Team prepares the IV lines for use by the IV Team. Each IV line consists of a sodium chloride bag, solution set, extension sets, and hemostatic clamps.

C. Escort Team:

1. Official witnesses report to the Administration Building no later than 8:30 a.m. They are greeted by the Escort Team, processed through checkpoint, and moved to the Administration Building conference room. Official witnesses are moved to the Parole Board Room in Building 8 no later than 9:45 a.m., where they remain until final movement to the official witness room.
2. Immediate family members of the victim(s) report to the Administration Building no later than 9:15 a.m. They are greeted by the Escort Team, processed through checkpoint, and moved to the conference room in Building 8 no later than 9:45 a.m., where they remain until final movement to the victim witness room.
3. The Escort Team processes, transports, and remains with the pre-approved official witnesses and victim witnesses through the conclusion of the execution and their return to designated staging areas and ensures that each witness group is always separated from the other groups.
4. [REDACTED] and the Physician are stationed in the capital punishment garage.

10:00 a.m.

1. At the command of the Warden, the Restraint Team removes the inmate from the holding cell, places him/her on the gurney, and secures him/her with restraints.
2. The Restraint Team moves the inmate to the execution chamber and secures the gurney. The Restraint Team secures the inmate's arms to arm extensions on the gurney. The Restraint Team confirms that the restraints are not so restrictive as to impede the inmate's circulation, yet sufficient to prevent the inmate from manipulating the catheter and IV lines.
3. The Warden, [REDACTED] Attorney General or designee, defense counsel witness and clergy, if requested, enter the execution chamber with the inmate.

4. Once the inmate is secured, the IV Team attaches the leads from the electrocardiograph to the inmate's chest. The IV Team confirms that the electrocardiograph is functioning properly. A backup electrocardiograph is on site and readily available, if necessary.
5. The IV Team determines the IV sites. The IV Team members insert a primary IV catheter and a backup IV catheter. The primary IV catheter is used to administer the LIC. The backup catheter is reserved in case the primary fails.
6. The Special Operations Team Leader ensures that the catheters are properly secured, properly connected to the IV lines, and out of reach of the inmate's hands. The Special Operations Team Leader opens the IV line to start a flow of sterile saline solution in each line and administers at a slow rate to keep the lines open. Any failure of an IV line shall be immediately reported to the Commissioner.
7. If necessary, the Physician will insert a central line.
8. The Escort Team secures official witnesses and victim witnesses in the appropriate witness rooms.
9. The Attorney General/designee, defense counsel witness, and any clergy member are escorted to the official witness room.
10. The camera and audio system are activated from the control room.

10:10 a.m.

1. The Warden and [REDACTED] open the blinds to the witness rooms.
2. The Warden contacts the Commissioner to ensure that no last-minute stay or reprieve has been granted.
3. The Warden asks the inmate if he/she wants to make a last statement.
4. The Warden gives the signal to proceed. The Special Operations Team Leader directs the assigned Special Operations Team Member to confirm the chemical name and order of syringes in the Primary Set A.

5. The Special Operations Team Leader administers all syringes in Primary Set A. In the event of a primary line failure with the first syringe of saline, the Special Operations Team Leader switches to the back-up IV line and administers the complete set of syringes.
6. After the four syringes in Primary Set A have been administered, the Special Operations Team Leader signals to the Warden at which time a 5-minute waiting period begins.
7. After the waiting period, all witness blinds are closed, the camera is disengaged, and the privacy curtains are closed. The Warden asks the Physician to enter the room to examine the inmate and determine if he/she is deceased. The Physician determines whether the inmate is deceased.
8. The Physician reports his findings to the Warden.
9. If the inmate is not deceased, a Backup Set B of syringes is prepared, the blinds are reopened, and steps 5 through 8 are repeated.
10. A designated member of the Special Operations Team will document all information contained on the Lethal Injection Chemical Administration Record (See Appendix, pp. 31-33).
11. The Warden announces that the sentence has been carried out and directs the witnesses to exit.

POST-EXECUTION PROCEDURES

1. The Commissioner notifies the Governor or designee and [REDACTED] via telephone that the sentence has been carried out and the time that death occurred.
2. The IV Team clamps and cuts the IV lines leaving them connected to the inmate for examination by [REDACTED]
3. [REDACTED] takes appropriate investigative measures and takes custody of the deceased inmate.
4. Witnesses are escorted out of the Capital Punishment Unit. Each group of witnesses is kept separate from the other.
5. Official witnesses who are media pool reporters are returned to the media tent to participate in the media briefing.
6. Victim witnesses who wish to speak with the media are escorted to the media tent.
7. Media may remain on site in a designated location outside the secure perimeter to complete live broadcasts.
8. The Warden determines when the prison will resume normal operations after consultation with [REDACTED]
9. [REDACTED] collects the Department's records relating to the execution.
10. The Commissioner, [REDACTED] the Warden and other relevant personnel, if any, review the execution process and determine whether any changes or modifications should be made.

STAY OF EXECUTION

1. Upon receiving notification that a court has issued a stay of execution, or the Governor has issued a reprieve, the Commissioner consults with [REDACTED] and advises the Warden.
2. Upon receiving notification, the Warden:
 - a. Advises the witnesses that a stay or reprieve has been issued.
 - b. After consultation with the Commissioner, directs the IV Team to remove the catheters, if applicable, and directs the Restraint Team to return the inmate to the holding cell.
3. The Warden informs the appropriate personnel of the stay or reprieve.
4. The Traffic Control Team Leader notifies any protestors of the stay or reprieve.
5. The Escort Team escorts witnesses from the Capital Punishment Unit.